

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1374

State File No. _____

JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 2024 Sensitive St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME MAE ELLEN VAUGHN

3. (b) If veteran, name war no 3. (c) Social Security No. none

5. Color or white 6. (a) Single, widowed, married married
4. Female Female divorced no
6. (b) Name of husband or wife Weyman Bush Vaughn 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb 14 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Maec N. Reynolds

13. Birthplace no record

14. Maiden name Elizabeth A. Moore

15. Birthplace no record

16. (a) Informant Weyman B. Vaughn

(b) Address 2024 Sensitive St

17. (a) Burial (b) Date thereof Jan 9 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Placid Hills Cem

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 1-7-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2024 Sensitive St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 17 1942 to Jan 7 1943
that I last saw her alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Chronic Duration over 2 months

Due to 93 A

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature B. F. Brannan (M. D. or other) _____

Address Marion City Mo Date signed 7-7-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.